



COMMONWEALTH of VIRGINIA

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State Health Commissioner

Department of Health
Office of Emergency Medical Services

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APPLICANT INFORMATION FORM

RECIPROCITY FOR VIRGINIA EMERGENCY MEDICAL TECHNICIAN - INTERMEDIATE CERTIFICATION

PLEASE COMPLETE THE FOLLOWING:

NAME: _____

**CURRENT EMT-I/99* CERTIFICATION ISSUED BY THE NATIONAL REGISTRY OF EMTs
IS REQUIRED FOR VIRGINIA RECIPROCITY**

NREMT-I/99 CERTIFICATION NUMBER: _____

(Note: NREMT-Intermediate/85 is not recognized for Virginia EMT-Intermediate certification.)

SOCIAL SECURITY NUMBER: _____

VIRGINIA EMS CERTIFICATION NUMBER (If previously assigned): _____

CPR CERTIFICATION HELD: (Check one)

American Heart Assoc. – “Healthcare Provider” _____ American Red Cross – “Prof. Rescuer” _____
American Safety and Health CPR-PRO _____ National Safety Council – “Prof. Rescuer” _____
Medic First Aid – “BLSPRO” _____

NEED FOR VIRGINIA CERTIFICATION--- (Check one)

Virginia Resident: _____ -OR- EMS Agency / Employment Affiliation: _____

Virginia EMS Agency/Employer: _____

EMS AGENCY / EMPLOYER VERIFICATION--- (Required for non-Va. residents):

I hereby verify that the individual named above is affiliated with or employed (or has been offered employment) by the organization listed above; which represents their need for EMT certification in Virginia.

Signed: _____ Date: ____/____/____

Title: _____

(The information requested on this form may be submitted in letter format in lieu of form.)

